

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep-07, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000039475

1. Entity Name
RENEW-IT EXPERTS, INC.



Principal Place of Business

19800 S.W. 180TH AVE.
LOT 452
MIAMI, FL 33187

Mailing Address

19800 S.W. 180TH AVE.
LOT 452
MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE



09052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0620048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
17334 NW 62 CT
HIALEAH, FL 33015

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000576428
09/07/06-80095-017 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIGABA, OTTO
STREET ADDRESS 19800 S.W. 180TH AVE., #452
CITY-ST-ZIP MIAMI, FL 33187

TITLE ST
NAME RIGABA, GLADYS
STREET ADDRESS 19800 SW 108TH AVE., #452
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

OTTO RIGABA OTTO RIGABA

09/03/06

(305) 254-3655

VOID
8008 LOW BE CHS COLLECTION